

Kansas WIC Application for Existing Local Agency

Refer to the Kansas WIC website for the policy and procedure ADM: 01.02.00 Application Process for Existing Local Agency when filling out the application.

- ☐ 1. Request to be a stand-alone agency if part of an existing agency group
- ☐ 2. Request to add a new clinic site(s) to an agency
- ☐ 3. Request to add existing clinic site to another existing agency or agency group
- ☐ 4. Request to relocate an existing clinic site(s)
- ☐ 5. Other, please specify: _____

Applicant Information

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail 1: _____

E-Mail 2: _____

Local Contact Person: _____

Title: _____

Tax ID Number: _____

DUNS Number: _____

Website: _____



Clinic Site Information

1. Briefly describe your organization and include the geographic area your agency currently serves. Services, such as county or city.
2. Briefly describe why you wish to provide WIC services.
3. Describe approximately how many WIC clients do you expect to serve at this site location.
4. Describe the physical location in your county or counties in which you plan to provide WIC services and list each site's location and address.
 - a. Provide the approximate dimensions of the clinic areas to be used for WIC services at each site. For example, number of rooms, square footage, etc.
 - b. Provide digital pictures of physical location and areas to be used. (Exterior, Waiting room, Exam rooms, etc.)
 - c. Provide what the estimated monthly costs associated with the clinic area will be? (rent, space allocation, utilities, etc).
 - d. Provide what the operating hours at the clinic site location(s) will be?
 - e. Provide what the WIC operating hours at the clinic site location(s) will be?
5. Clinic sites must ensure that disabled applicants and clients are accorded the same benefits and access to facilities. Are the location(s) described above accessible to persons with disabilities (ADA Compliant)?

Yes/No

If no, please indicate your plan to make services available to persons with disabilities.

6. Sufficient parking needs to be available to keep from deterring clients from their appointments due to lack of parking availability. Is adequate parking available to serve the anticipated caseload?

Yes/No

If no, please indicate your plan for adding additional parking.

7. Public transportation is one of the many ways applicants or clients travel to their appointments. Is public transportation available near the clinic site?

Yes/No

If no, please indicate where or if public transportation is available.

8. Individual or group sessions provide clients with information and educational materials designed to improve health status, achieve positive change in dietary habits, emphasize relationships between nutrition and health, incorporate physical activity into their lifestyle, all in keeping with the individual's personal, cultural, and socioeconomic preferences. How much space will be available for Nutrition Education?

9. Individual or group sessions provide clients with information and educational materials designed to encourage, promote and continue the duration of breastfeeding along with all of the health benefits. How much space will be available for Breastfeeding Promotion & Support?

Will a lactation room be available for breastfeeding moms (clients, staff etc.)?

10. What is the earliest date WIC services could start if your application is approved?

Staffing

WIC regulations require that a competent professional authority (CPA) complete the WIC certification process. A competent professional authority is defined as a licensed dietitian, a registered nurse, a physician, or registered physician's assistant. Additionally, WIC requires that a Kansas licensed dietitian complete high-risk nutrition counseling and oversee the Nutrition Services Plan preparation.

11. Provide the number of CPA's that are available within your organization that can be dedicated to the WIC program?

_____ Registered Nurses _____ Kansas Licensed Dietitians

_____ Physicians _____ Registered Physician's Assistants

If none are indicated describe your plan to hire or contract with a CPA.

12. A monthly affidavit is a form used by Local Agencies to request reimbursement for expenses associated with the provision of WIC services and each monthly affidavit is due by the 20th of the following month. Who will be responsible for providing monthly financial and administrative reports to the SA?

13. A grocery store or commissary authorized by the Kansas WIC program to accept WIC checks is a WIC Vendor. Yearly vendor monitoring, training and periodic vendor education is required of all WIC agencies. Name at least one staff member who will be responsible for providing vendor monitoring, training and education.

14. WIC agencies submit a yearly Nutrition Services Plan (NSP) to the SA. The NSP is an annual plan consisting of a need assessment, nutrition goals, objectives and action plans designed to meet the identified needs of the population and WIC agency. Name who will be responsible for providing the NSP.

15. Administrative professionals who are not CPA's such as: clerks, LPNs or administrators can perform WIC duties such as income determination, scheduling and printing notices of appointments. How many administrative professionals will be available within your organization to work with the WIC program?

_____ Administrative Professionals

16. Clinics must have access to and provide interpreters for Limited English Proficiency (LEP) and hearing impaired clients. Does the clinic have access to these services in your community?

Yes/No

If no, please indicate your plan for accessing services.

17. Do you currently have sufficient staff to handle the duties described in questions 11 – 16 or will you anticipate hiring additional staff?

_____ We currently have sufficient staff to provide WIC services.

_____ We anticipate having to hire additional staff to provide WIC services. If so, please describe: _____

Equipment

Administration and operation of the WIC Program at the Local Agency requires the use of a WEB based application. Each person performing WIC functions must have access to a personal computer connected to a broadband Internet connection. These computers must be networked to share printers.

18. Describe the existing computer environment at the proposed clinic location. For example:

- a. Are there computers currently at that location available for use?
Computers must have a minimum of 2GB.
- b. Are internet connections available? Preferred internet speed: 6MB upstream and 6 MB downstream.
- c. What kind of internet connection do you have available? (Cable, DSL, T1)
- d. Who is your internet provider?
- e. Are computers networked?
- f. At any given time, what would be the maximum number of KWIC users that would access the system?
- g. How many check printers will be needed at this location?

19. What is the relationship like between the clinic location and IT services. Is the IT service in-house (County IT) or contracted?

20. Does the clinic location have the following equipment available for use for WIC, if yes indicate how many?

- a. Adult Scales _____
- b. Infant Scales _____
- c. Stadiometer _____
- d. Infant Recumbent Length Board _____
- e. Hemoglobin/Hematocrit machine _____

21. What type of additional equipment will be needed?

Computers	Check Printers
Signature Pads	Adult Scales
Infant Scales	Stadiometers
Infant Recumbent Length Board	Hemoglobin/Hematocrit machines
Misc.	

Referral Services

22. WIC is intended to be an adjunct to on-going health services. Referrals to other health care providers must be included in services provided to WIC participants. **Check the type of services currently provided in the list below at each proposed clinic site.**

Clinic Name: _____

- | | |
|--|--|
| <input type="checkbox"/> Primary Care Clinic | <input type="checkbox"/> Home Health Services |
| <input type="checkbox"/> Well Child Clinic | <input type="checkbox"/> Family Planning |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Maternal and Infant Program |
| <input type="checkbox"/> Nutrition Services | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Healthy Start | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Infant Toddler Services | |
| <input type="checkbox"/> Other (Please Specify): _____ | |

Clinic Name: _____

- | | |
|--|--|
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| <input type="checkbox"/> Healthy Start | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Infant Toddler Services | |
| <input type="checkbox"/> Other (Please Specify): _____ | |

Other Information

23. Indicate any additional information or comments that may facilitate review of this application.

Compliance with Title VI of the Civil Rights Act of 1964(as amended)

Title VI of the Civil Rights Act provides that no person in the United States shall, on the grounds of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The Kansas Department of Health and Environment, Division of Health, WIC Program is firmly committed to ensuring that no eligible person is discriminated against in the provision of services in all programs funded. To ensure that action will be taken to comply with Title VI requirements, the WIC Program adopts the following policies:

- The WIC Program will not discriminate and will not permit discrimination in any services or programs it funds on the basis of race, color, national origin, sex, age or disability.
- The WIC Program will not approve contracts with agencies that are known to engage in discriminatory practices.
- The State WIC Program will inform all local agencies of their responsibilities under Title VI of the Civil Rights Act. This information can be found in the Kansas WIC Program Policy and Procedure Manual.
- A written summary of investigation into complaints under Title VI of the Civil Rights Act shall be prepared and kept on file at the Local Agency WIC Office. Any discrimination complaints received by the Local Agency shall be sent to the State WIC Office immediately.
- The WIC Program will ensure that, to the extent feasible, the public notices it publishes announcing or explaining services furnished with USDA funds contain the words "in providing these services, no person shall be discriminated against on the basis of race, color, national origin, sex, age or disability."

24. Has your agency had any recent (within the past year) history of non-compliance with the provisions of Title VI?

YES/NO

If yes, please explain.

25. Are there any civil rights discrimination complaints pending against your agency?

YES/NO

If yes, please explain.

By signing this application, the applicant certifies that WIC program policies and contract have been read and that the agency will comply with WIC Federal regulations. Applicant further certifies that the information contained in this application to provide WIC services is true and accurate.

Signature of Local Official Responsible for WIC:

Name

Date

Title

The State Agency shall notify the applicant of the status of its application within thirty days of receipt of the Agency's application. If the application is denied, the State Agency shall advise the Agency of the reasons for the denial and right to appeal the decision as set forth in the WIC regulations.

If an applicant is approved to be a WIC local agency, it will be required to enter into a contract with the State Agency to provide WIC services. Neither the State Agency nor the Local Agency has an obligation to renew the agreement. The expiration of the agreement is not subject to appeal.

State Agency Use Only

☐ Application Approved

☐ Application Denied

State Agency ME Representative

Date

State Agency Director

Date